



TEXAS MEDICAL BOARD

Name _____ SSN _____

Please print the same name as used on your application.

Please check your application type.

- Acudetox Specialist
- Acupuncturist
- Physician (M.D. or D.O)
- Physician Assistant
- Physician in Training (Internship, Residency & Fellowship Training)
- Surgical Assistant
- Medical Radiologic Technologist
- Non-Certified Radiologic Technician
- Respiratory Care Practitioner
- Medical Physicist
- Perfusionist

I wish to withdraw my application for licensure in Texas.

I understand that any documents provided to the TMB for my application may be destroyed approximately 6 months after the withdrawal of my application, and may not be able to be retrieved after that date.

I understand that once my application has been withdrawn, in order to further pursue licensure in Texas, I will be required to submit a new application and fee.

I understand that, excluding third party documentation, a copy of my application and other documentation I submitted may be sent to me if I submit a request to openrecords@tmb.state.tx.us

Are you requesting a refund of your application fee? Please note that refund requests are reviewed on an individual basis, and granted in limited circumstances. Please mail or fax the completed form to the contact information below.

Yes

175.5(b) Refunds of fees may be granted under the following circumstances:

- (1) Administrative error by the Board;
- (2) Licensure applicants who do not appear before the Licensure Committee and who withdraw their applications and request a refund within 30 days of being notified by board staff that they are ineligible for licensure;
- (3) Applicants who withdraw a licensure application after applying for multiple types of licensure at the same time but then either elect to pursue only one type of license or the Board approves one type of license before completing the review of the other applications;
- (4) Applicants who apply for temporary licenses but do not receive a temporary license due to the issuance of full licensure;
- (5) Licensees who retire or request cancellation of their licenses within 90 days of paying the registration fee;
- (6) Applicants or licensees who die within 90 days of having paid a fee; or
- (7) Applicants who withdraw their applications within 45 days of initial application.

Please provide a description of the circumstance that makes your withdrawal eligible for a refund.

Signature (Required): _____

Signature

Date

Location Address:
1800 Congress Ave, Suite 9-200
Austin, Texas 78701

Mailing Address
P.O. Box 2029
Austin, Texas 78768-2029

Phone 512.305.7030
Fax 888.790.0621
Licensure Fax 888.550.7516